

**Clinic Director**

**Bill Luette**

Head Football Coach - Sandwich HS

Weight-Room Supervisor - Sandwich HS

**Coaching Staff**

**Jack Kelliher**

Varsity LB & RB Coach— Sandwich HS

**Terry Donovan**

Varsity O & D Line Coach – Sandwich HS

**Steve Helman**

Varsity LB & WR Coach—Sandwich HS

**Chris Dintino**

Varsity O & D Line Coach—Sandwich HS

**John Faherty**

Varsity O & D Line Coach – Sandwich HS

**Mike Miller**

Varsity Ast.. – Sandwich HS

**Paul Bentley**

Freshman Football Coach - Sandwich HS

**Kevin Reiley**

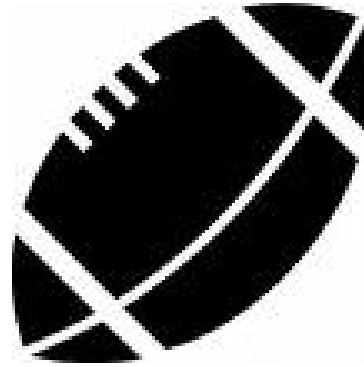
Freshman Football Coach - Sandwich HS

The clinic staff will also include current sophomore, junior and senior players of the '09—'10 Sandwich Football Program. The staff will have available graduates of the Sandwich Football Program that play football at the college level. These players will be assisting Pop Warner players with drills that they use at the college level.

**\*\* Trainer Will Be On Site\*\***

**Pictures By Lauren Clough Photography**

[www.laurenclough.com](http://www.laurenclough.com)

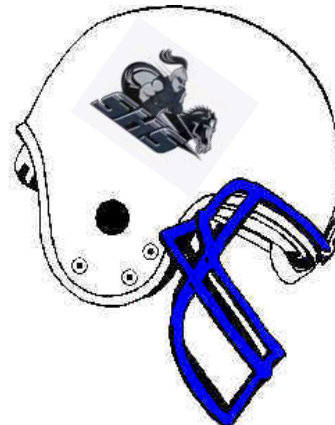


- Winning Record 3 Out Of The Last 4 Seasons

- 2009 Best Team On Cape Cod

- Ranked 2nd In The ACL

- 3 Players Named To 1st Team ACL



**FUTURE KNIGHTS**



**FOOTBALL CLINIC**

**SUMMER**

**2009**

June 29th – July 3rd

Ages 7-14

**Mail In Deadline: June 23rd**

**There Is On Site Registration**

Sponsored by:

Sandwich Pop Warner &

Sandwich Gridiron

Directed by Bill Luette

Head Football Coach

Sandwich High School

Email: [bluette@sandwich.k12.ma.us](mailto:bluette@sandwich.k12.ma.us)

Phone #: 508-888-4900 ex. 5025

**2009 Registration Form**

**Location: Sandwich Pop Warner Football Field**

**Cost: \$115.00 Postmarked by June 23rd 2009**

**Cost: \$125.00 On Site Registration**

(see registration for payment details)

**Mailing Registration Deadline: June 23, 2008**

Please Make Checks Out for \*\$115.00

**On Site Registration Is \$125.00**

**\*\*Please note, the fee is non refundable**

Checks payable to: **BILL LUETTE**

Mail complete form to:

Bill Luette

2064 Main Street

Marstons Mills, MA 02648

**Goals:**

- Teach the players skills and drills associated with each position
- Teach the players various techniques used at each position
- Have the Pop Warner players learn from various coaches & Sandwich High School players
- To help continue the successes of future Sandwich Pop Warner and High School programs
- To teach the players various formations and base plays that are run at the high school and they will run at the Pop Warner level.
- Create positive role models for younger players
- Continue to instill positive characteristics in Individuals

Name: \_\_\_\_\_

Years Experience \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Check the Appropriate Clinic**

**7 - 8 Year-Old Clinic (No Pads)**

9:00 am – 11:00 am

**9 - 11 Year Old Clinic (Uppers Only)**

9:00 am – 11:00 am

**12 - 14 Year Old Clinic (Uppers Only)**

9:00 am – 11:00 am

**Please Bring the following:**

**- Age 7 - 8 Clinic**

- Cleats
- Weather appropriate work out clothes
- Fluids for hydration

**- Ages 9-14 Clinic**

- Helmet & Shoulder pads (uppers)
- Practice Jersey
- Cleats
- Fluids for hydration

**Clinic days could be canceled due to inclement weather.**

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ a minor, ask that he/she be admitted to the Future Knight Football Clinic. I do hereby agree to release, discharge and hold harmless, Sandwich Pop Warner, Sandwich Gridiron, it's employees, the director and staff from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor's attendance at the sports clinic or in the course of competition and/or activities held in connection with the football clinic. Each participant must have his or her own medical insurance. No one will be permitted to attend without his or her insurance listed below.

Insurance Co. \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_